

Albania

Country Report

January 29, 2000

The goal of the Family Planning Service Expansion and Technical Support (SEATS) Project is to expand access to and use of high-quality, sustainable family planning and reproductive health services.

John Snow, Inc. (JSI), an international public health management consulting firm, heads a group of organizations implementing the SEATS Project. These include the American College of Nurse-Midwives (ACNM), AVSC International, Initiatives, Inc., the Program for Appropriate Technology in Health (PATH), World Education, and partner organizations in each country where SEATS is active.

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Acronyms

AFPA	Albanian Family Planning Association
AIDS	Acquired immune deficiency syndrome
ANE	SEATS' Asia-Near East regional team
CA	Collaborating Agency
CDLMIS	Contraceptive distribution logistics management information system
CYP	Couple-years of protection
CTU	Contraceptive technology update seminar
DPH	Directorate of public health
ENI	Europe and Newly Independent States Bureau, USAID
EU/PHARE	European Union's Poland and Hungary Action for the Restructuring of the Economy
FP	Family planning
FPLM	Family Planning Logistics Management Project, implemented by JSI
GP	General practitioner (family physician)
HAC	Health for All Center
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IPCC	Interpersonal communication and counseling
IPPF	International Planned Parenthood Federation
IR	Intermediate result
IUD	Intrauterine device
JSI	John Snow, Inc.
LAM	Lactational amenorrhea method
MOH	Albanian Ministry of Health and Environment
MSI	Marie Stopes, International
NGO	Non governmental organization
Ob/Gyn	Obstetrician/gynecologist
PR	Performance result
PSI	Population Services International
PY	Project year
R4	USAID Results review and resource request
RH	Reproductive health
SDP	Service delivery point
SEATS	Family Planning Service Expansion and Technical Support Project
SO	Strategic objective
STI	Sexually transmitted infection
TASC	Maternal and Child Health Technical Assistance and Support Contract
TOT	Training of trainers
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VSC	Voluntary surgical contraception

Acronyms

WHO	World Health Organization
WRA	Women of reproductive age

I. EXECUTIVE SUMMARY

Albania emerged in 1990 from 50 years of repression, isolation, and strict pro-natalist government policy. Consequently, provider skills and knowledge and the general population's knowledge of modern internationally recognized approaches to family planning/reproductive health (FP/RH) were extremely low. Additional challenges to the nascent, post-communist era FP program included sporadic availability of services, poorly equipped and furnished service sites, lack of informational resources on FP for providers or clients, and poor logistics and information systems in the public health sector. A collaborative reproductive health assessment, conducted by the Family Planning Service Expansion and Technical Support (SEATS II) Project, USAID/Albania, and USAID/ENI Bureau in 1995, as well as focus group research with women of reproductive age (WRA) in 1996, confirmed these needs. Low contraceptive prevalence of modern methods, estimated at 5 percent by UNFPA, and a high abortion rate, nearly one abortion for every two live births, further highlighted the need for improved FP services and information.

The SEATS II Project in Albania, the first reproductive health project in Albania funded by USAID, addressed these issues, contributing to the USAID/Albania and ENI Bureau Strategic Objective (SO) 3.2, "Improved Sustainability of Social Benefits and Services," by implementing activities in information, education, and communication (IEC); service delivery and training; contraceptive logistics; and equipment provision:

- ◆ Service delivery and training activities included establishment and training of three regional FP/RH training teams; equipping of seven training facilities; support for a clinical study tour for trainers and public health officials; training of 1075 service providers (including obstetricians/gynecologists, family physicians/general practitioners, nurses, and midwives) in FP, sexually transmitted infections (STIs), and client counseling; training of 93 providers in postabortion/postpartum FP in Tirana city sites; and training of 240 private pharmacists in FP and client counseling.
- ◆ IEC activities included conducting and publishing the results of focus group research with WRA; production and distribution of FP reference cue cards on each of the available methods for service providers, FP brochures on the available methods for clients, and a national quality FP services logo; and a mass media campaign to launch the logo and raise awareness of FP issues and services.
- ◆ Logistics activities included the design, installation of, training in, and ongoing supervision and assistance for a public-sector contraceptive logistics system (CDLMIS); provision of commodity storage equipment to service sites; and in-depth training in logistics management for senior MOH personnel.
- ◆ In addition to these activities, SEATS provided basic clinical equipment and furnishings to 67 public-sector comprehensive service sites in four program districts.

SEATS worked with public, private, and non-governmental organization (NGO) sectors and collaborated closely with the Albanian Ministry of Health and Environment (MOH), other collaborating agencies (CAs) and partner organizations, and other donors in its national and

district-specific activities. SEATS implemented its Albanian program through staff in-country and external technical assistance. Any accomplishments realized with SEATS Project support also depended on the complementary activities of a variety of other agencies collaborating to strengthen the Albanian reproductive health situation, including the Albanian MOH, the Albanian Family Planning Association (AFPA), the United Nations Population Fund (UNFPA), Population Services International (PSI), and Marie Stopes, International (MSI).

Despite limited local absorptive capacity and the challenges posed by uncertain planning parameters, including two periods of evacuation and ongoing civil instability, SEATS was able to successfully achieve its workplan and contributed significantly to establishing quality FP/RH services at 330 service sites (including hospitals, polyclinics, rural health centers, and ambulatory care sites) in the districts of Tirana, Durrësi, Kruja, Kavaja, and Elbasani, having provided training to 1571 service providers, including pharmacists, and public health officials. In addition, SEATS IEC activities contributed to increasing provider and client knowledge of FP; and IEC and logistics management activities contributed to strengthening the services at service delivery points and private pharmacies nationwide. SEATS training, IEC, and logistics activities with the public sector in four program districts generated 10,401 couple-years of protection, 15,521 new acceptors, and 19,618 revisits, over two years of data collection. Through SEATS' provider training and improved logistics, the MOH was able to expand contraceptive provision to rural areas, including 45 new sites. The success and longevity of this program is also due to the support and commitment of the USAID/Albania Mission to these reproductive health activities, particularly during the two evacuations. SEATS FP/RH activities will be continued and expanded, technically and geographically, with funding provided by USAID/Albania to the Maternal and Child Health Technical Assistance and Support Contract (TASC), also implemented by John Snow, Inc. (JSI), for a three-year duration (September 1999 – September 2002).

II. PROJECT BACKGROUND

A. Country Background and Demographics: Communist Era (1944 to 1990-91)

Albania is 70 percent mountainous, and has a population of approximately 3.5 million. The largest population centers are the capital, Tirana, and the principal port, Durrësi. There is a high rate of immigration to urban areas, with immigration to cities, especially Tirana, and to Western Europe increasing. Nonetheless, the population remains more than 60 percent rural, a result of the strict, communist-era restrictions on internal and external travel. Despite the isolation and poverty, Albania has maintained a highly literate population.

In the 1990s, Albania emerged from nearly 50 years of communist repression and severe isolation. Contact with the outside world was strictly curtailed under the communists, who effectively insulated the nation from outside ideas and information, including modern family planning/reproductive health. The impoverished, underdeveloped country was ruled during 1944-90 by a regime whose fear of invasion led to a strongly pro-natalist policy, aimed at increasing the population by 50 percent by the year 2000. Consequently, family planning was illegal and unavailable. Despite this, Albanian family size shrank during communism, with the total fertility rate falling from 6.5 births per woman in 1960 to 3 by 1990 (the current figure is approximately 2.5). This demonstrates the clear desire among Albanian women to control their fertility, whether through illegal abortion or periodic abstinence or other traditional methods. As a result, although abortion was illegal under communism, clandestine abortion was widespread. The high incidence of illegal abortion contributed to a high maternal mortality ratio, considered to be 57 deaths per 100,000 live births toward the end of the communist period.

B. Country Background and Demographics: Post-communist Era (1991-92 to present)

Today, eight years post-communism, the current health system and status of reproductive health are heavily influenced by carry over from the communist era, although both have undergone a massive, difficult transformation. The Ministry of Health and Environment system has hospitals in all 36 district capitals, polyclinics in cities, and health centers and ambulatory care centers in the rural areas. Since communist-era restrictions on provider movement have also been lifted, there has been a migration of providers to urban areas, especially Tirana, paralleling movement of the general population. Health services remain almost exclusively in the public sector: at the time of the 1995 SEATS/USAID RH assessment, only pharmacy and dental services had been privatized; at present, there are a small number of private medical practices, particularly abortion clinics. Tirana city facilities, and in particular the two Tirana maternity hospitals, are by far the highest volume providers of delivery, abortion, and family planning/reproductive health services.

Maternity hospitals, polyclinics, rural health centers, and rural ambulatory care points have (nominal) reproductive health and family planning services offered by obstetricians/gynecologists, family physicians, and midwives. However, there have been a number of

obstacles to the provision of quality FP/RH services, including deficiencies in facilities' clinical equipment and furnishings, in information systems and logistics, and in provider (and client) knowledge and skills. Albania's poor public infrastructure mirrors its transportation and power systems, and the health system is particularly deficient in this regard. Hospitals and health centers are generally severely under-equipped; this is evident even in the highest-volume, central sites such as those in Tirana. Frequent power disruptions, lack of functioning clinical equipment, and infrequent access to running water are a few of the challenges; the structures themselves are usually in disrepair, lacking heat and insulation and adequate furnishings.

Another obstacle to the provision of quality family planning services has been the ineffective contraceptive logistics and information systems. Prior to SEATS work in this area, the MOH operated with an ineffective management information system, through which only irregular and incomplete service statistics and commodity supply data were available. The information was not shared among the administrative and service provision levels, and was not effectively used for resupply of sites and forecasting future need. In addition, the timing and procedures for resupply to service sites varied significantly, and hoarding of commodities at the district and central levels was common. Because contraceptives were not always reaching service sites, and because only a select number of urban sites in each district dispensed contraceptives, women in many areas of the country have not had reliable access to modern methods. All public-sector contraceptives are provided by UNFPA. Since lack of roads, poor infrastructure, and political instability and banditry have made travel and communication within Albania difficult and dangerous, the commodity supply situation is further diminished as it is troublesome for contraceptive commodity deliveries to reach many of the centers regularly.

The last, and perhaps most critical, obstacle to provision of quality family planning services concerns the service providers themselves: they lack training, skills, and informational resources in family planning/reproductive health. Physicians, as well as midwives, have generally been poorly trained, since medical schools and health centers rarely had access to modern equipment and materials to support training. In general, there were no reference materials for providers or clients, and it has taken time for modern ideas to penetrate most areas of the country. This is reflected in traditional approaches to treating patients and poor information on family planning. In Albania, where family planning was illegal for so long and the population had no access to information from the rest of the world, this is hardly surprising. But as a result, abortion remains the method of choice in limiting fertility in much of the country.

Abortion was first legally practiced at maternity hospitals in 1991. Following that, maternal mortality dropped by half to about 30 deaths per 100,000 live births (the current rate is 26). The abortion rate is very high, and MOH data suggested that the nationwide average was about one abortion for every two live births (1995). This rate likely has been increasing among some groups, particularly among younger women. In Tirana, where roughly one third of the abortions countrywide are performed because of the national referral hospitals and private clinics based there, abortions equal births.

The prevalence of abortion suggested substantial unmet need for family planning, further evidence of the lack of information or access to services and commodities. The assumption was that abortions, which are costly financially, emotionally, and physically, would be greatly reduced if family planning knowledge and access were improved. Of particular concern was the

health risk posed by the unsanitary conditions, risky clinical practices, and old and poorly maintained abortion equipment. In addition, clients for both abortion and delivery services often received little or no FP counseling, and as such, have been a missed opportunity for family planning.

The dearth of accurate information about family planning reaching women was reflected in a focus group study conducted by SEATS in 1996. The vast majority of women interviewed were unfamiliar with family planning methods; for many even the concept of family planning was unfamiliar. Of those who were familiar, many thought methods toxic/harmful to health, especially orals, a bias which mirrors attitudes of providers. Women were frustrated that providers were uninformed as well; despite this, they expressed great interest in family planning, for reasons of health, economics, and reproductive freedom.

C. SEATS in Albania

Albania's rough transition to democracy began with the collapse of the regime in 1990-92, two years that were characterized by widespread rioting and destruction, looting of public buildings, damage to infrastructure such as roads and telephone and power networks, as well as massive emigration. Strides were made toward democratization and development during the following four years of relative calm. It was in this period that SEATS collaborated with USAID on a 1995 RH assessment of Albania, which emphasized the critical need for information and improved services. Given this need, USAID/Albania chose not to do a formal baseline study, assuming the needs to be so basic that such a survey would only confirm that contraceptive prevalence and other indicators were at or near zero (in 1993, UNFPA estimated the nationwide contraceptive prevalence rate for modern methods at approximately five percent). However, SEATS in 1996 conducted a qualitative baseline survey in the form of focus group research with women of reproductive age.¹ The results of this formed the basis of SEATS program design.

USAID and other development assistance, including the SEATS program, were disrupted in 1997 when several pyramid schemes collapsed, ruining the savings of most Albanian families. Subsequently, the anti-government anger fueled widespread violence and another period of ongoing anarchy whose effects are still felt today. In March 1997, Western personnel, including those of USAID and the American Embassy, were evacuated. Returning six months later, they found the situation little improved: banditry widespread; street conflict between socialists and the ousted democrats; further damage to the already poor infrastructure; and widespread and continuing emigration. Along with this was theft of equipment from projects, ministries, and others. Also, the ineffectual internal security situation was attracting drug smugglers, international fugitives, terrorists, and the like. Despite the continuing instability, SEATS' local staff were able to push activities forward and successfully complete planned activities, with support from SEATS' Washington office. In August 1998, USAID, including American contractors and personnel, were again evacuated as a result of concerns about threats made by foreign terrorists who had established themselves in Albania. This evacuation lasted until April 1999, and was

¹ This paper is available as [We want to know everything about it: Albanian women speak about family planning](http://www.seats.jsi.com), from SEATS and on the SEATS website at <http://www.seats.jsi.com>)

ended in the midst of the war in Yugoslavia and resulting refugee crisis in Albania. At the time of this report, January 2000, the situation in Albania was relatively stable, although security remains a concern and future stability is far from certain.

III. GOALS AND OBJECTIVES

A. Related USAID Strategic Objectives

The SEATS Project's Albania program was designed to be congruent with the Strategic Objectives of the USAID/Albania Mission and USAID's Population, Health, and Nutrition (PHN) Center and Europe and Newly Independent States (ENI) Bureau. Activities were designed based on a collaborative assessment involving USAID/Albania, the ENI Bureau, and the SEATS Project, with the consultation of the Office of Population. Other important partners of SEATS in Albania have been the United Nations Population Fund (UNFPA) and the Albania Family Planning Association (AFPA).

The relevant USAID/Albania Strategic Objective (SO) and Intermediate Results (IRs) are (as of FY99):

- ◆ ENI and USAID/Albania SO 3.2: Improved sustainability of social benefits and services;
 - ◆ IR 3.2.1: Modern Reproductive Health (RH) Services Improved;
 - ◆ IR 3.2.1.1: Access to Reproductive Health Information Improved;
 - ◆ IR 3.2.1.2: Reproductive Health Services' Quality Improved; and
 - ◆ IR 3.2.1.3: Access to Reproductive Health Services Improved.

B. Project Goals and Objectives

Consistent with the intermediate results above, SEATS/Albania's objectives were:

- ◆ To enhance Albanians' ability to make informed choices that allow them to achieve their reproductive goals.
- ◆ To improve knowledge and skill levels of health professionals to provide quality family planning /reproductive health services.
- ◆ To increase the number and quality of service delivery points available in the public and private sectors.

IV. COUNTRY STRATEGY

The 1995 Albania RH assessment, conducted by SEATS and USAID/ENI Bureau, highlighted the critical need for basic RH services and information. As a result of this assessment and the 1996 focus group research, activities were developed and implemented in service provision and training, information, education, and communication, contraceptive logistics, and equipment provision.

SEATS/Albania worked with the public, private, and NGO sectors. SEATS implemented public-sector activities in collaboration with the Albanian public health system, including the MOH, DPHs in each district, and public service sites (including hospitals, polyclinics, rural health centers, and ambulatory care sites). Private sector activities focused on pharmacists, virtually the extent of the private health sector currently in Albania. The few private physicians operating in SEATS program districts have been included in the SEATS/MOH CTU training program, as these physicians generally also serve in the public sector.

SEATS' program had both district-specific and national components. On the national level, the program developed management tools, client and provider IEC materials, and training methods and approaches for all relevant agencies working in Albania and for the central level MOH. Training, logistics, and clinical equipment provision were targeted at specific districts, which were chosen in conjunction with USAID, the MOH, and UNFPA. In its initial phase, SEATS began work in the capital and largest city, Tirana, and the second largest city and largest port, Durrësi, and their respective districts. After a mid-project assessment in 1997, conducted in collaboration with the USAID/Albania Mission, SEATS began a technical and geographic expansion. At that time, the security situation in Albania precluded national expansion; travel to most of the northern and southern regions of the country was not permitted by USAID. SEATS instead expanded service delivery support to Kruja and Kavaja, districts contiguous to Tirana and Durrësi, as suggested by the Mission. In 1999, SEATS expanded to the district of Elbasani, to the southeast. Within these five program districts resides approximately 40 percent of the national population.

SEATS has collaborated closely with UNFPA, the Albanian MOH, and the Albania Family Planning Association (AFPA, the IPPF affiliate) on its RH/FP activities, as well as collaborating with other cooperating agencies (CAs), donors, and NGOs, such as Population Services International (PSI), Marie Stopes International (MSI), the World Health Organization (WHO), and the European Union's Poland and Hungary Action for the Restructuring of the Economy (EU/PHARE). To this extent, SEATS IEC materials, newsletters, provider cue cards, and training materials are being used virtually nationwide. In addition, SEATS has collaborated with the other CAs in USAID/Albania's health portfolio: the Department of Health and Human Services' health financing project and the American-International Health Alliance's hospital partnerships project.

V. IMPLEMENTATION

SEATS/Albania activities have been implemented by SEATS staff in-country, with technical assistance from SEATS headquarters staff, SEATS Turkey-based staff, and consultants. Staffing in-country has varied from one to three staff members in 1996 through early 1999; to five staff members from early 1999 through the present, including Program Coordinator Dr. Enilda Gorishti, Program Officer for Training Dr. Arsim Qavdarbasha, Finance and Logistics Officer Flora Ismailaj, Program Officer for IEC Albina Alimerko, and Administrative Assistant/Translator Doroida Qendro. Activities have also been supported by SEATS/ANE regional team staff in SEATS' Washington, DC headquarters office, SEATS staff based in Turkey, and consultants. A resident advisor was recruited and hired, however she was not able to take up the post due to the 1998 evacuation. SEATS/Albania has been highly successful at advancing activities through several evacuations and ongoing instability due to programmatic flexibility, local capacity building, and the perseverance and dedication of local staff.

Elements of quality, choice and client perspective were built into the SEATS/Albania activities from the outset; program design and implementation was guided by the 1995 RH assessment conducted by SEATS and USAID/ Office of Population and on focus group research with Albanian women of reproductive age (WRA) conducted by SEATS in 1996 .

Through the activities listed below, SEATS improved access to higher quality services at 330 public service sites in five program districts. To improve public-sector services, SEATS trained and established three regional MOH family planning training teams; trained 1075 physicians, nurses, and midwives in contraceptive technology, STIs, and client counseling; equipped 67 comprehensive service sites with basic clinical equipment and furnishings; and established and supervised a contraceptive logistics system to ensure timely and reliable resupply of contraceptives to districts and service sites. SEATS also improved private-sector services by training 240 pharmacists in contraceptive technology and client counseling. In addition, SEATS improved access to services and client and provider knowledge of family planning through the nationwide provision of provider reference cue cards, client brochures for urban and rural clients, quarterly RH newsletters for providers; improved access and client knowledge of services through production and distribution of a national family planning quality services logo and through a mass media campaign.

The SEATS strategy was to strengthen access to quality RH/FP services in both the public and private sectors through three principal program components:

- ◆ Service delivery and training, through which SEATS supported the development of quality RH services through training of trainers, the provision of clinical training, educational materials and equipment, and management systems for service sites;
- ◆ Information, education and communication, through which SEATS developed and widely disseminated materials and mass media messages promoting FP and improved services; and
- ◆ Logistics management information system (CDLMIS), a system which strengthened MOH capabilities in program management and contraceptive distribution.

A. Service Delivery & Training

SEATS/Albania sought to increase access to quality FP/RH services through an ambitious program of provider training. This training program increased the FP/RH knowledge and skills of providers and built capacity in the public sector.

Establishing local training capacity

In order to achieve the dual result of building public-sector capacity for training and management, and to implement SEATS' training program, SEATS created three local MOH training teams.

Training of trainers: 49 trained

In late 1996, SEATS collaborated with the Ministry of Health (MOH) to establish training teams in Durrresi and Tirana, training 23 obstetricians/gynecologists (Ob/Gyns), general practitioners (GPs), and midwives from the Maternity Hospitals and health centers of Tirana and Durrresi districts. In 1999, SEATS trained another 26 service providers and public health officials from Elbasani district to create a southern regional training team. Participants received five days of instruction in contraceptive technology and sexually transmitted infections (STIs), two days of instruction in training methodology, and three to five days in interpersonal communication and counseling skills.

Seven training facilities equipped²

As part of its effort to create sustainable training programs in the districts of Tirana, Durrresi, and Elbasani, SEATS equipped seven training facilities and nursing and medical schools with training equipment, including Zoe, male, and breast models; overhead projectors; FP slide sets; flipcharts; and reference materials.

Study tour for MOH trainers and public health officials

SEATS organized and supported a nine-day study tour to Turkish Social Security Administration and MOH service sites in Ankara, Istanbul, and Izmir. The study tour demonstrated to Albanian trainers and public health officials how a more mature family planning/reproductive health program functions, and improved their training technique and clinical and management skills. Through this tour, nine SEATS/MOH trainers and MOH/DPH officials were exposed, most for the first time, to a successful, well-organized health care system with high demand for FP services. They were also exposed to voluntary surgical contraception techniques, in preparation for upcoming technical assistance in these methods.

Training service providers

Clinical and counseling training: 1075 providers trained

² Refer to [Appendix A: Training Centers Equipped](#) for a list of sites supported by SEATS.

CTU trainings are approximately week-long seminars on contraceptive methods, client counseling, and STI prevention, for Ob/Gyns, general practitioners/family doctors, nurses, and midwives. Where appropriate, the seminars also include instruction on the contraceptive distribution logistics management information system (CDLMIS). The SEATS/MOH training teams have trained MOH service providers from all relevant service points in Tirana, Durrës, Kruja, and Kavaja districts. Training has begun in Elbasani district and will be continued and expanded under TASC (see below). SEATS developed/adapted and translated all training materials to ensure that they were appropriate and relevant to the Albanian context.

Post-partum and post-abortion training: 93 Ob-Gyns and midwives trained

In addition to the standard CTU/IPCC training, SEATS focused on the high-volume Tirana city service points for more specialized training in postpartum/postabortion family planning and care. Given Albania's high rate of abortion and Albanian women's reliance on it as a FP method, and given the fact that approximately one-third of abortions nationwide are done in Tirana, Tirana postabortion clients were identified as having been a significant missed opportunity for family planning. SEATS conducted three workshops in postpartum and post-abortion family planning with the service providers of two maternity hospitals and polyclinics in Tirana during early 1998.

Pharmacist training: 240 pharmacists trained

Targeting the nascent private sector, SEATS conducted training with private pharmacists in program districts. Collaborating with the Albanian Family Planning Association, a series of 16 one-day workshops was conducted for all registered private pharmacists in Tirana and Durrës districts, covering contraceptive technology and client counseling skills. There are an estimated 800-900 registered pharmacists nationwide. Training of pharmacists will continue under TASC.

B. Information, Education, and Communication (IEC) Activities

SEATS/Albania's IEC activities increased the FP/RH knowledge and awareness of both service providers and clients.

IEC coordination group

In 1996, SEATS organized an IEC coordination group with all key partners in Reproductive Health/Family Planning (RH unit in MOH, UNFPA, AFPA, PSI, MSI, Health for All Center, other health NGOs, service providers from maternity hospitals and health centers of Tirana and Durrës). The role of the IEC working group was to increase collaboration among the agencies operating in this arena and increase the complementarity by ensuring that the work of each agency fit an overall IEC strategy and was not duplicative. Priority areas were identified and materials shared for committee review. The group has met approximately monthly. Another major success of this collaboration has been the cooperative distribution of IEC materials nationwide – members have carried materials from other organizations on trips to service points around the country, allowing much greater coverage than if each organization distributed only its own materials.

Focus group research with WRA

Focus group research was conducted in three districts, including Tirana, Bathore and Durres. This research included separate discussions with married women, unmarried university students, postpartum women and women who had recently received abortions in order to better appreciate the informational and service needs of these primary audiences for information, education, and communication activities in the SEATS/Albania project.

This research indicated that women lacked information regarding family planning, and felt that providers also lacked knowledge of the subject. Misinformation regarding side effects led to concerns about hormonal methods. The women were, as a general rule, quite interested in learning more about family planning, preferring print reference materials on the subject. These results guided SEATS program design, especially IEC and training activities, such as the development of a quality FP services logo, client-centered IPCC training for service providers and trainers, and language on side effects on the client and provider IEC materials.

The focus group findings were published in English and Albanian.³ Five hundred copies of the English language report have been distributed to relevant organizations and donors; another 1000 reports in Albanian language are being distributed to Albanian providers, Ministry of Health officials, district health personnel/DPH, relevant NGOs, and other parties.

Family Planning Materials for Service Providers

In the early phase of the project, SEATS/Albania focused on IEC materials that targeted providers, to complement the training, logistics, and equipment provision activities designed to improve services. The materials included counseling reference cue cards and a quarterly RH provider newsletter, both distributed nationwide. Materials covered the ten available methods – combined oral contraceptives, progestin-only oral contraceptives, condoms, intrauterine devices (IUD), injectable contraceptives (Depo-Provera), emergency contraception, spermicides/vaginal foaming tablets, lactational amenorrhea method (LAM), and male (vasectomy) and female (tubal ligation) voluntary surgical contraception.

Counseling cue cards⁴ were designed to be used by obstetricians-gynecologists, family doctors, midwives and pharmacists during counseling sessions with clients. Three thousand sets of ten cue-cards on the FP methods available in Albania have been distributed to service sites nationwide in collaboration with other health organizations. The purpose of this set of ten laminated cards is to give service providers basic information for use in counseling clients about each of the contraceptives available in the country. Each set of cue cards is distributed with a cover page explaining the importance of this material and how to use it during counseling. Cue cards have been distributed to all sites receiving SEATS provider training, as well as sites visited by partner agencies (WHO, AFPA, PSI, MSI, UNFPA, others), including refugee camps during the Kosovar refugee crisis.

³ Gorishti, Enilda and Joan Haffey. We want to know everything about it: Albanian women speak about family planning. SEATS, 1997.

⁴ Refer to Appendix C for a sample.

Quarterly newsletters on reproductive health/family planning have been published in collaboration with AFPA and distributed country wide to all relevant public service points and to pharmacists since the beginning of 1997. Information includes locally written articles and translations from major publications, such as *Contraceptive Technology Update* (Hatcher), *Outlook* (with permission from PATH) and IPPF's *Medical Bulletin*, etc. To date, 11 RH newsletters (2000-3000 copies each) have been produced and distributed, on topics ranging from Safe Motherhood and RH for refugees to FP methods and STI prevention. The newsletter will continue to be produced on a quarterly basis, with support from JSI/TASC and USAID/Albania.

IEC materials and activities for clients

After the IEC materials for providers were designed and distribution begun, SEATS began producing materials for clients to increase client knowledge and stimulate demand for the improved services. The materials included contraceptive brochures targeted at urban and rural clients, design and distribution of a national FP quality services logo, and a mass media campaign to launch the logo and increase awareness of FP services and issues. Technical assistance for the materials and mass media campaign was provided through a subcontract with PATH.

Client brochures⁵ on family planning have been designed and produced in large numbers and nationwide distribution has begun. Sets of ten brochures, one for each of the available methods, were produced for urban clients. Another brochure with all ten available methods was produced primarily for rural audiences.

A **national family planning quality services logo** was created, with SEATS guidance and support, by an IEC working group comprising representatives from MOH, AFPA, and women's health NGOs, and was tested with service providers and clients. The objective of the logo is to assist in identifying and promoting quality RH/FP services. The logo was launched with a mass media campaign, and distributed to service providers and pharmacists trained and service sites improved under SEATS, to designate them as providers of quality family planning information, supplies, and services, with the goal of distributing the logo to all sites meeting basic standards.

The **mass media campaign** has the dual objectives of increasing public awareness of where to seek FP services through promotion of the national quality FP services logo; and increasing public awareness, knowledge, and acceptance of FP and different contraceptive choices. The campaign was launched in four program districts in August 1999. The campaign, which is expected to continue through March 2000, includes the following activities:

⁵ Refer to Appendix B for a sample.

- ◆ A baseline study for evaluation of the campaign, with 700 youth and married men and women, and 121 private pharmacies, was conducted. A consultant provided technical assistance for training of student interviewers and supervision of data collection. The survey revealed those radio, television, and newspaper sources through which to best reach target audiences, as well as revealing some interesting information regarding contraceptive knowledge and use, such as: 24 percent of married men and women and 36 percent of youth respondents were current users of contraceptives; 80 percent of married users and 86 percent of youth users currently obtained their contraceptives from private pharmacies; 63 percent of married men and women and 84 percent of youth respondents had heard of family planning and/or were familiar with contraceptives. An endline study is also planned to evaluate the campaign and is scheduled for March 2000.
- ◆ Launching ceremonies were organized and held in each of the four districts, with a total of 270 guests, including health and government officials, service providers, and journalists. The campaign, hosted by SEATS and the MOH, was well-received by the Albanian media, government, and service providers. Albania's first lady, the Minister of Information, the Vice-Minister of Health, Interim US Ambassador/Charge d'Affaires, representatives of USAID/Albania, and SEATS' ANE Regional Director participated in the Tirana campaign launching ceremony.
- ◆ The campaign includes:
 - ◆ Three TV spots (30 sec. each) aired five times per day on two well-known Albanian private television stations, targeting urban and rural audiences, and before each film shown at the Tirana millenium theater, targeting youth and rural audiences;
 - ◆ Weekly radio shows and programs on National Radio "Tirana" that feature discussions with providers, women and youth, on RH and social issues, targeting the rural population, as well as adolescents and males;
 - ◆ Advertisements in two Albanian newspapers and two magazines;
 - ◆ Posters, billboards, and street banners, distributed throughout the four districts;
 - ◆ FP logo plastic signs (size 46 cm x 46 cm), fixed outside the clinics/service sites to identify them as meeting basic standards; and FP logo stickers at the pharmacies and clinic/service site's doors;
 - ◆ Bus-side advertisements (a first for Albania) on 10 private inter-city buses and 45 urban buses within Tirana, Durresi, and Kavaja;
 - ◆ Promotional materials such as: pens, key-chains, coasters, table-clocks with the national FP logo; distributed to the service provides, pharmacists, clinics, health NGOs in four program districts;
 - ◆ Client brochures (see above) targeting urban and rural populations; and
 - ◆ RH newsletters for providers (see above).

C. Logistics: Contraceptive Distribution Logistics Management Information System (CDLMIS)

With the collaboration of JSI/FPLM Project, SEATS designed, pretested, and implemented a CDLMIS which collects service statistics and logistics data and ensures timely and optimal resupply of contraceptives which are provided by UNFPA. Since October 1997, SEATS has supported the distribution of these commodities in program districts. As part of its contraceptive logistics management efforts, SEATS has:

- ◆ **Assessed public sector contraceptive logistics and developed the CDLMIS** in close collaboration with the MOH and UNFPA.
- ◆ **Installed the system** in Tirana, Durrresi, Kruja, and Kavaja districts and **trained all relevant service providers and public health officials** at service sites, district-level Directorates of Public Health and MOH central level.
- ◆ **Provided system instruction manuals, forms, and commodity storage equipment to service sites and DPHs.**
- ◆ **Provided ongoing support and supervision to the system:** Each quarter, SEATS assisted and supervised the regular collection of CDLMIS reports from all levels in Tirana, Durrresi, Kruja, and Kavaja districts, gathering of service statistics, and subsequent distribution of commodities for all service points for the quarter.
- ◆ **Provided in-depth training in logistics management for senior MOH officials:** To improve sustainability and support to the CDLMIS, and in preparation for technical assistance in logistics planned under TASC, three participants, including the Chief of the Reproductive Health Sector at the MOH, Chief of the Statistics Sector at the MOH, and SEATS/Albania's Financial and Logistics Officer, attended the JSI/ FPLM Project's comprehensive three-week logistics management course in Arlington, VA.
- ◆ **Worked with the MOH and DPH to expand the number of sites providing contraceptives:** By improving logistics and training providers, SEATS was able to work with the MOH to expand family planning services, in particular the provision of contraceptives, to **45 new sites** in four program districts. As a result, **contraceptives became available in rural sites** and additional urban sites in these districts, where previously they had only been available in a few urban sites in each district.

SEATS/TASC continues to work closely with the Reproductive Health Unit and Department of Statistics, MOH and UNFPA to ensure contraceptive availability in project regions and elsewhere in the country. MOH officials, DPH personnel, and service delivery staff have expressed a high level of satisfaction with the CDLMIS, and have indicated that, when the system can be rolled-out to the rest of the country, the new FP quarterly report will replace the existing MOH FP report format.

D. Provision of Equipment

In order to complement other service improvement activities (in training, commodity logistics, and IEC) , SEATS has provided basic clinical equipment and furnishings to 67 service sites to ensure that these sites have essential equipment to provide quality services. Albanian service sites were insufficiently equipped and furnished in the communist era, particularly in the neglected areas of family planning and reproductive health. In the resource-poor post-communist transitional environment, Albania's infrastructure in these areas has degenerated. In addition, riots and looting from the 1997 security crisis further damaged public facilities, including FP/RH service sites. As a result, most sites lack functional basic clinical equipment and furnishings. SEATS, seeking to address these deficiencies, procured supplementary clinical equipment and furnishings for 67 comprehensive service sites (including all public-sector service sites providing contraceptives) in the four program districts based on needs assessments of those sites. The following items were procured and distributed:

- ◆ RH clinical equipment: gynecological and obstetric exam tables, specula, IUD insertion/removal kits, fetal heart monitors, fetal stethoscopes;
- ◆ General clinical equipment: equipment sterilizers, wash basins, sphygmomanometers, stethoscopes, medical instrument carts, scales;
- ◆ Furnishings: file cabinets for client records, examination lamps, screens for increased privacy, tables, chairs, tanks for storing water, instrument cabinets, doctors/nurses uniforms, disposal pails.

VI. ACCOMPLISHMENTS AND CONSTRAINTS

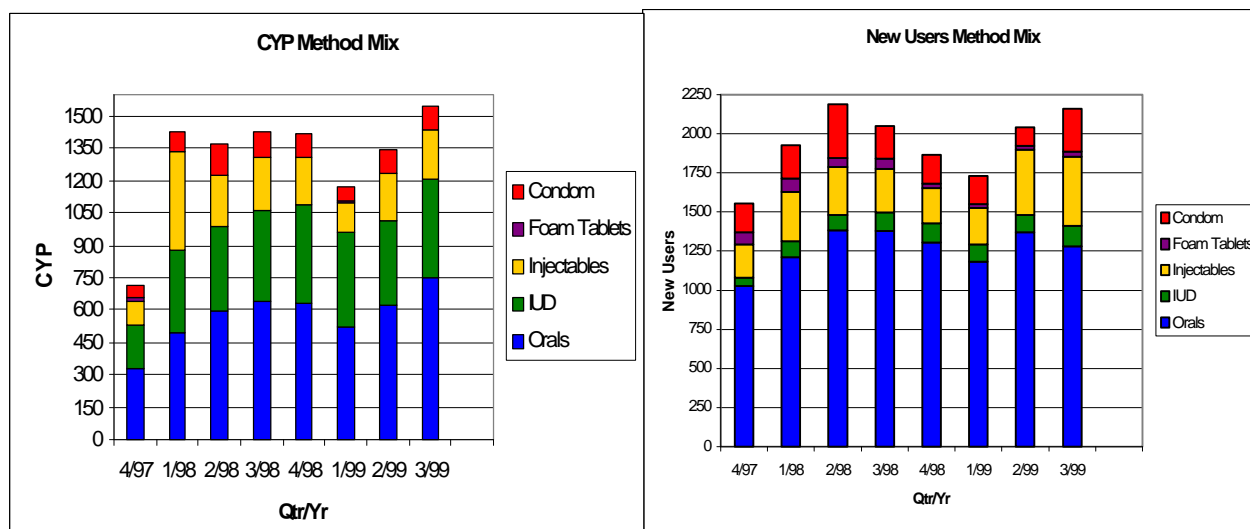
A. Accomplishments

During the period 1997 through 1999, the Albania program weathered two USAID evacuations, totaling 14 months, as well as frequent political turmoil and civil unrest, the most recent being the Kosovar crisis. The evacuations slowed some activities and precluded expatriate technical assistance and the posting of a resident advisor. Despite the evacuations, domestic unrest, and the Kosovar refugee crisis, SEATS/Albania was able to achieve much of its workplan and to meet and exceed nearly all USAID/Albania Results Review and Resource Request (R4) targets over the period 1997-99. For example, SEATS exceeded the 1998 R4 targets for the number of service providers trained in RH techniques (target: 140; actual: 357), number of service delivery points (SDPs) actively providing RH services (target: 40; actual: 108), and number of SDPs disseminating RH information (target: 300; actual: 513). SEATS also exceeded 1998 targets for couple-years of protection and number of client visits, and appears to have exceeded nearly all FY1999 targets (USAID/Albania has not yet completed its FY99 R4 analysis).

Table 1. Training Summary (through September, 1999)		Number trained
Training type		
CTU Seminar: FP for training of trainers (TOT) (5 days)		49
TOT: IPCC/client counseling and training methodology (5-7 days)		40
CTU for service providers: FP, STIs, IPCC and counseling		569
CTU for providers: as above, plus logistics management system (CDLMIS)		457
Postpartum/postabortion FP		93
CDLMIS: logistics management		123
CTU for pharmacists: FP and client counseling		240

Table 2. Service Statistics Summary

Quarter	New Users	Revisits	CYP
4/97	1554	1204	713
1/98	1927	2102	1425
2/98	2189	2993	1373
3/98	2052	2877	1423
4/98	1865	2729	1414
1/99	1732	2383	1166
2/99	2041	2552	1345
<u>3/99</u>	<u>2161</u>	<u>2778</u>	<u>1542</u>
TOTAL	15,521	19,618	10,401



As indicated in the graphs above, the program, after an initial jump, has shown a fairly steady level of both CYP and new users. Despite the instability, and particularly the refugee crisis and contraceptive commodity supply issues which contributed to decreased distribution in the first and second quarters of 1999, it is somewhat disappointing that the output has not grown at a faster pace. Though there is no ironclad method to accurately predict service output in advance in unstable situations, some possible explanations for the trend are:

- ◆ Until mid-1999, SEATS focused activities upon improving services, provider knowledge and skills, contraceptive logistics, and other service-side improvements. Demand-generating activities began more recently, as planned, to promote the improved services. These activities include the mass media campaign, launched in August/September 1999, and client FP method brochures. As a result, one might expect growth in consumer demand in the coming quarters.
- ◆ While there has been expansion into new districts (Kruja and Kavaja) these districts have smaller populations and generate less service delivery output relative to Tirana and Durrresi.
- ◆ In spite of SEATS' efforts to ensure adequate resupply through the CDLMIS, there have been sporadic contraceptive stock-outs due to UNFPA supply shortages, particularly in the first through third quarters of 1999 (partially coinciding with the Kosovar refugee crisis).
- ◆ Related to the supply shortages, there is some evidence that clients may be visiting public-sector sites for counseling and initial visits while seeking resupply of commodities in the private sector. The mass media campaign baseline survey, conducted near the end of the supply shortage (July-August 1999) indicated that a high percentage of family planning clients were seeking commodities through private pharmacists. Anecdotal evidence suggested that providers, facing shortages and thus reverting to communist-era stockpiling behavior, may be counseling clients and then suggesting they obtain hormonal and barrier methods and spermicides from private pharmacies.

SEATS improved access to quality FP/RH services as through its national and district-specific activities, described below. District activities focus on five central districts, representing approximately 40 percent of the population (out of an estimated 3.5 million nationwide).

- ◆ **SEATS increased the number of service delivery points providing quality FP and RH services and information:** SEATS improved the quality and availability of FP/RH services and information in all relevant SDPs in four program districts, and many sites in a fifth district. As of September 1999, a total of 330 SDPs have been improved. Improved SDPs include training of all relevant service providers in contraceptive technology, client counseling, and STIs; provision of basic clinical equipment and furnishings; training and participation in the contraceptives logistics system, where appropriate; and provision of IEC materials, including provider and client reference materials on all available FP methods.
- ◆ **SEATS made FP method information and Albanian language materials available to providers and clients nationwide.**
 - ◆ SEATS designed and distributed 3000 sets of provider reference cue cards on each available FP method.
 - ◆ SEATS produced and distributed 2000-3000 copies each of 11 issues of the newsletter "Reproductive Health" for service providers.
 - ◆ SEATS produced and distributed most of 110,000 sets of 10 client brochures on each FP method.
 - ◆ SEATS produced and distributed most of 55,000 client brochures for rural women on all available FP methods.
- ◆ **SEATS improved provider knowledge of FP, client counseling, and STIs through training programs implemented in five program districts (1075 public sector service providers trained through the CTU seminars as of September 1999).**
- ◆ **SEATS improved awareness of the FP knowledge and practices of women of reproductive age through focus group research, the findings of which were published and disseminated in English and Albanian.**
- ◆ **SEATS improved public-sector capacity for training and sustainability of the training program by establishing public sector FP/RH training teams in three regional centers: Tirana, Durrresi, and Elbasani.**
- ◆ **SEATS established a Contraceptive Distribution Logistics Management Information System in four program districts and documented the system in a procedures manual**
 - ◆ CDLMIS ensures timely and reliable resupply of contraceptives to public-sector SDPs
 - ◆ Through the CDLMIS and provider training, the MOH was able to expand the provision of contraceptives to rural SDPs, including 45 sites new to this practice.
- ◆ **SEATS increased client knowledge of FP services and issues.**
 - ◆ SEATS/MOH designed a national FP quality services logo to identify sites and distributed it to SDPs meeting quality standards
 - ◆ SEATS/MOH conducted a mass media campaign to launch the logo and raise awareness of FP services and issues

- ◆ SEATS improved knowledge of FP and client counseling among 240 private pharmacists.

B. Constraints

Albania having emerged in the early 1990s from five decades of extreme isolation and repression, in which family planning and abortion were illegal, provider and client knowledge on FP and RH were very low, equipment and information unavailable, and misinformation persisted. FP has been an entirely new concept to Albania, and providers, clients, and the MOH were ill prepared to implement a program. The nascent RH sector at the MOH and in the districts has little absorptive capacity – personnel are often energetic and intelligent but lack basic skills, experience, and technical capability. This is true not only in RH and FP, but in many other areas: for example, starting IEC activities was a challenge in a country where pretesting, marketing, and IEC are entirely foreign concepts. These ideas and skills had to be developed and built from the ground up by SEATS in order to achieve program activities.

In addition, absorptive capacity and experience have been very limited in the nascent and limited private sector. Free enterprise, being a novel concept in Albania, has come about slowly and on a very limited basis. For example, early in the project, it was uncertain whether private provision of contraceptives would survive when the MOH reversed its policy and began to provide free contraceptives, undermining the private pharmacy sector. For the time being, it has survived and seems to be thriving, although it is difficult to predict what may happen in the medium to long-term.

On top of the challenges of working in Albania's post-communist environment, the aforementioned evacuations and civil turmoil have posed many constraints for SEATS work. SEATS spent one third of the project under evacuations, which fell during critical middle and later years, when the project activities were gaining momentum. The 1997 evacuation, in particular, was difficult as complete anarchy took hold of Albania and it was impossible to provide external technical assistance, often difficult to communicate with local staff, and even local travel was prohibitively dangerous. That notwithstanding, the 1998-99 evacuation was the longer of the two, and precluded the planned posting of an expatriate resident advisor.

From 1997 through early 1999, and continuing to the present to a lesser degree, the security situation in Albania has been poor, leading to further constraints and contributing to an uncertain planning environment. The envisioned national program had to be reevaluated in light of restrictions on and dangers of travel outside of the capital. Which districts were identified as safe for travel for USAID CAs has been a moving target. As the security situation and USAID instructions regarding travel to the districts have changed over the past two years, SEATS has had to change plans to work in some districts and target efforts elsewhere.

Another element contributing to the uncertain planning environment has been funding. USAID/Albania and the ENI Bureau have been visionary in adequately funding RH activities on an annual incremental basis over the past several years. However, the political situation within Albania, as well as its relationship with the United States have created an uncertain funding

environment for USAID/Albania, and, consequently for project activities. Future funding available for RH programs has been an ongoing uncertainty, which may have resulted in some missed opportunities in the early years when future funding was obligated on a year to year basis and the medium term horizon for the program was unpredictable.

These and similar constraints have necessitated a high degree of flexibility in implementing SEATS workplan. However, despite the challenges, surprises, and delays, SEATS, by dint of the efforts of its Albanian colleagues and collaborating agencies, has been quite successful in most areas.

VII. LESSONS LEARNED

As previously indicated, the SEATS/Albania program was able to successfully achieve, even exceed, its workplan despite a number of serious obstacles. Keys to this success have been:

- ◆ **Institution and capacity building:** By building capacity locally, SEATS was able to achieve success despite periods of evacuation, when planned external technical assistance was impossible, and lengthy periods of social, economic, and political turmoil, when travel was dangerous. For example, by creating training teams and centers early in the program, training activities were able to continue through both evacuations with only minor delays. Similarly, formal and informal training of staff, providers, and health officials in logistics and IEC allowed these activities to continue without in-country expatriate technical assistance but with support from SEATS staff in DC and Turkey.
- ◆ **Effective collaboration with donors and CAs :** The creation of the IEC coordination committee was the first in a number of successful collaborations between SEATS and other donors and CAs in the field of RH specifically, and public health more generally. Through this collaboration, SEATS and other agencies were able to achieve nationwide reach for their IEC materials despite the difficult and insecure travel conditions that characterized the last three years of the project. The success of IEC materials produced by SEATS and partners was based on collaboration in their design and pretesting. In addition, activities such as the logo and mass media campaign were successful because SEATS sought the support of all relevant partners, including the MOH and other important agencies such as UNFPA, prior to implementation.
- ◆ **Flexibility in the face of dynamic, rapidly-changing circumstances:** Facing evacuations and civil turmoil, SEATS' and USAID's flexibility and ability to adapt activities and implementation plans to the circumstances has been essential to program success.
- ◆ **Perseverance and dedication of local staff:** Local staff have persevered through difficult and dangerous conditions, patiently yet persistently pushing activities forward.
- ◆ **Consistent support and commitment from the USAID/Albania Mission:** Despite the evacuations, regional wars, and civil turmoil, USAID, and in particular the Albania Mission, has remained committed to assisting Albania through its post-communist transition. USAID/Albania, although having undergone evacuations and turnover of personnel, and having lacked staff specializing in the field of reproductive health for most of its history, have remained consistently supportive of reproductive health and SEATS' work.

VIII. IMPLICATIONS FOR THE FUTURE

Although SEATS activities are scheduled to end in January 2000, USAID/Albania has extended the RH/FP program in Albania through a three-year *Maternal and Child Health Technical Assistance and Support Contract* (TASC), awarded to JSI. TASC deliberately builds upon SEATS activities and results, continuing and expanding SEATS' activities technically and geographically.

TASC/Albania will continue the following activities begun under SEATS:

- ◆ training of service providers, including pharmacists, in contraceptive technology, STIs, and client counseling
- ◆ production and nationwide distribution of SEATS client and provider IEC materials, including the quarterly RH newsletter for providers
- ◆ distribution of the national quality FP services logo to service sites meeting basic standards
- ◆ support and technical assistance for contraceptive logistics
- ◆ building of management capacity in the RH Unit of the MOH

Based on a mid-project assessment, and discussions with the USAID/Albania Mission, SEATS identified several priority expanded technical areas, which are included in the scope of work for the three-year TASC/Albania project. These expanded technical initiatives, to be undertaken by TASC, are:

- ◆ Additional training in postabortion/postpartum family planning,
- ◆ Integration of RH/FP information and referrals into Albanian NGOs
- ◆ Outreach to Albanian youth
- ◆ Training and support for long-term family planning methods, including: VSC/Minilap training, monitoring system, and site renovations; and training in IUD and Norplant

In addition to the technical expansion, TASC will expand SEATS activities geographically. Under TASC, another training team will be established and the training and logistics programs will expand to new districts and new service providers. Training will reach private pharmacists in the new districts as well as other private service delivery points.

The SEATS Project began activities in Albania at a time when very little progress had been made in the Albania RH/FP program. Therefore, SEATS originally focused on establishing the basic foundation of a program. Now having realized some success in this, and the program having experience; under TASC the training and other activities will be further revised, strengthened and taken to a more sophisticated level.

APPENDIX A: TRAINING FACILITIES EQUIPPED

Tirana City Polyclinic #3 (Tirana city training center)

Durresi training center

Tirana Nursing School

Tirana Maternity Hospital #1

Tirana Maternity Hospital #2

Durresi Maternity Hospital

Elbasani training center

APPENDIX B: SAMPLE IEC MATERIALS

Sample SEATS IEC materials on combined oral contraception. Both feature the SEATS/MOH national FP quality services logo.

- ◆ Sample client brochure.
- ◆ Sample provider reference cue card.